

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

O. 16.

(Type or Print Clearly)

PARTI LOBBYIST	Γ				
NAME(Last)	(First)	(Middle)	TELEPHONE		
Brunn	Constance	Mae	973-2155		
MAILING ADDRESS (Stre	eet)		FAX		
1451 S.	King Street, Suite	504	973-2160		
(City)	(State)		(Zip Code)		
Honolulu Ha		i	96814		
EMPLOYING ORGANIZAT	ION (Fill in only if you are employed by a bus	iness entity which has been retained to	TELEPHONE		
MAILING ADDRESS (Stre	eet)		FAX		
(City)	(State)		(Zip Code)		

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU	TELEPHONE					
March of Dime	973-2155					
MAILING ADDRESS (Street)	FAX					
1451 S. King	973-2160					
(City)	(State)	(Zip Code)				
Honolulu	Hawaii	96814				
NAME OF PERSON RESPONSIBLE F	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE				
Constance M.	973-2155					
MAILING ADDRESS (Street)		FAX				
1451 S. King	Street, Suite 504	973-2160				
(City)	(State)	(Zip Code)				
Honodulu	Hawaii	96814				

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture		Education	Х	Human Services	Science, Technology & Economic Development
Communications & Public Utilities		Government Operations & Finance		Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce		Hawaiian Affairs		Labor & Employment	Transportation
Culture, Arts, Historic Preservation	X	Health		Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection		Housing		Public Safety & Corrections	

PART IV CERTIFICATION OF L	OBBYIST			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
	n. Brunn	<u> </u>	19/07	
/ (Signa	ture of Lobbyfist)		(Date)	
PART V AUTHORIZATION TO I	_OBBY			
NAME		TITLE OF AUTHORIZING OFF	FICER OR PERSON REPRESENTED	
Carmella Hernande	z	State Director		
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
March of Dimes Ha	waii Chapter		973-2155	
MAILING ADDRESS (Street)			FAX	
1451 S. King Stre	et, Suite 504		973-2160	
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96814		
I hereby authorize the above -	named person to engage	in lobbying activities on	behalf of the undersigned.	
Camilla &			8-07	
(Signature of Authorizing Officer or Person Represented) (Date)				